Minutes of the meeting of the Managed Care Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, March 19, 2015 at the hour of 10:00 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Acting Chairman Velasquez called the meeting to order.

Present: Directors Emilie N. Junge and Carmen Velasquez (2)

Board Chairman M. Hill Hammock (ex-officio) and Director Ada Mary Gugenheim

Present
Telephonically: Chairman Wayne M. Lerner, DPH, LFACHE (1)

Absent: None (0)

Director Junge, seconded by Acting Chairman Velasquez, moved to allow Chairman Lerner to participate in the meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Chairman Lerner resumed the Chair and the meeting proceeded.

Additional attendees and/or presenters were:

Douglas Elwell – Deputy CEO of Strategy and Finance
Steven Glass – Executive Director of Managed Care
Randolph Johnston – System Associate General Counsel
Elizabeth Reidy – General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD –Chief Executive Officer

II. Public Speakers

Chairman Lerner asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report on CountyCare Health Plan (Attachment #1)

A. Metrics

Steven Glass, Executive Director of Managed Care, reviewed the Report on the CountyCare Health Plan. Dr. John Jay Shannon, Chief Executive Officer, and Douglas Elwell, Deputy Chief Executive Officer of Strategy and Finance provided additional information.

The Committee received an update on the plans to take the call center activities in-house. Dr. Shannon stated that the administration is going back to the Finance Committee on Friday with a modest extension of the current contract. He noted that things got a little held up in some areas while working through the transition with a couple of the internal parties involved in bringing the services in-house.

III. Report on CountyCare Health Plan (continued)

Mr. Glass provided an update on the subject of auto-assignments and the issue involving the "fair share" distribution of new members to CountyCare and the other health plans. He stated that the CCHHS administration has a standing meeting with representatives from the State that takes place every two (2) weeks; in that meeting, this issue has been brought up. The representatives from the State continue to tell the CCHHS administration that the State's algorithm is working correctly, and the CCHHS administration continues to debate it. He noted that, at this point in time, the majority of the auto-assignments are done; another big lift is expected in the month of April, but not much is expected after that. Chairman Lerner encouraged Dr. Shannon to try to get on the Governor's calendar to further discuss the apparent inequity, as he would prefer to leave no stone unturned when it comes to these kinds of issues[1].

During the discussion of the information contained on slide 12 of the presentation regarding membership by key provider group, Director Junge inquired regarding the 8% drop in CCHHS/ACHN members between December 2014 and March 2015. Mr. Glass stated that, although the percentage dropped, it was a proportional shift in the population; the number of actual members increased. As the plan has grown in lives, and as the Family Health Plan membership has grown from 6,000 in December to 64,000 in March, the vast majority of that membership is assigned into the MHN/ACO network. Chairman Lerner inquired whether there is a goal as to how the administration would like to see this distributed in the future. Mr. Glass responded that this has not yet been considered, but it is a good idea to think about. Chairman Lerner stated that this should be part of the strategic direction, because it leads to the kind of conversations that the Committee is having here, and will clearly come up at the Board Meeting[2].

During the discussion of the information on pharmacy cost savings, Mr. Glass provided additional information relating to Hepatitis C cost savings. The administration has put in a prior authorization process related to the diagnosis of Hepatitis C; this eliminates the need for a liver biopsy and requires individuals who are looking to initiate Hepatitis C treatment to first come in, have a Fibroscan (state-of-the-art technology), and work with the infectious disease doctors before that prescription goes into play.

With regard to the information on slide 14, Director Gugenheim inquired regarding the priority population of top 1% utilizers[3]. Mr. Glass stated that he will obtain further information on that subject to provide at the Board Meeting next week.

During the discussion of slide 15, Chairman Lerner noted that there is a lot of discussion in literature about narrow versus broad networks. There are pros and cons and consequences to each strategy; certainly given CountyCare's large market in the state, this is something that should be considered and strategically discussed[4].

With regard to the subject of member satisfaction, Mr. Glass stated that CountyCare is required to annually survey its members and receive feedback from them. The survey will be going out in April, so that data may be ready by June.

IV. Action Items

A. Minutes of the Managed Care Committee Meeting, February 19, 2015

Director Junge, seconded by Director Velasquez, moved to accept the minutes of the meeting of the Managed Care Committee of February 19, 2015. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section IV

V. Adjourn

Director Junge, seconded by Director Velasquez, moved to adjourn the meeting. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.

Respectfully submitted,
Managed Care Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXX
Wayne M. Lerner, DPH, LFACHE, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

[1] Follow-up: issue involving membership comparisons and "fair share" auto-assignment distribution question. Page 2.

[2] Follow-up: strategic discussion regarding allocation of membership distribution. Page 2.

[3] Follow-up: question regarding the priority population of top 1% utilizers. Page 2.

[4] Follow-up: strategic discussion regarding broad versus narrow networks. Page 2.

ATTACHMENT #1

CountyCare Report

Prepared for: CCHHS Board Managed Care Committee

STEVEN GLASS, EXECUTIVE DIRECTOR, MANAGED CARE

MARCH 19, 2015

Report Format

Metrics

1. Membership
2. Risk Management
3. Care Management
4. Operations

Programmatic

1. Deep Dive Focus on Measures Within Our Control

Changes to Reporting Metrics

Metric Category	Update(s)
Membership	Added monthly membership and YTD member months by category
Pharmacy	Added "% Extended Rx Supply (>84 Days)" measure
PCMH Assignment	Changed PCMH assignment from actual # to % of total membership
Utilization Management	Clarified measure is per 1,000/member months, not 1,000/members

1) Membership

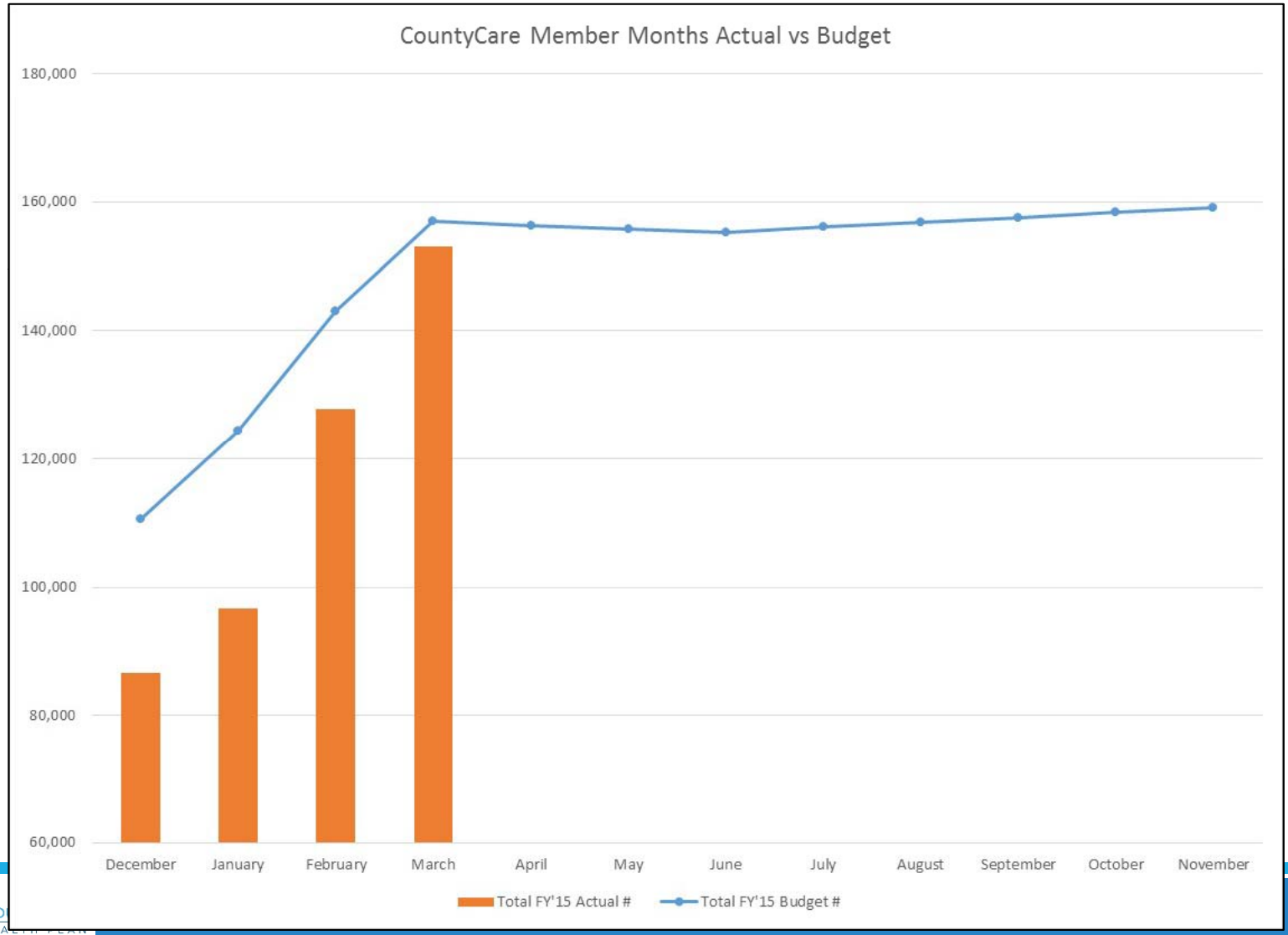
Data as of: 3/2/2015 | Source: Daily Membership (834) File

Key Measures	Dec'14	Jan'15	Feb'15	Mar'15	% Change From Prior Month	Trend	FYTD'15 Budget/Goal	FYTD'15 Budget/ Goal
Membership								
Monthly Membership	86,562	96,618	127,799	152,995	19.7%	↑	156,943	97.5%
ACA	*78,914*	*77,292*	*81,033*	*85,973*	6.1%	↑	*78,369*	*109.7%*
FHP	*6,111*	*17,569*	*44,919*	*64,382*	43.3%	↑	*74,506*	*86.4%*
SPD	*1,537*	*1,757*	*1,847*	*2,640*	42.9%	↑	*4,068*	*64.9%*
Home/Community Waiver	*0*	*254*	*272*	*409*				
FYTD Member Months	86,562	183,180	310,979	463,974			534,903	86.7%
ACA	*78,914*	*156,206*	*237,239*	*323,212*			*335,252*	*96.4%*
FHP	*6,111*	*23,680*	*68,599*	*132,981*			*184,506*	*72.1%*
SPD	*1,537*	*3,294*	*5,141*	*7,781*			*15,146*	*51.4%*
Home/Community Waiver	*0*	*254*	*526*	*935*				

Gender = 55% Female; 45% Male

Average age = Female: 33 y/o; Male: 32 y/o

Membership Trend to Budget



1) Health Plan Comparison

Source: IL HFS, Greater Chicago Region

FHP/ACA Adults, Greater Chicago Region

Health Plan	Oct'14 N	Nov'14 N	Dec'14 N	Jan'15 N	Jan'15 % Total	# Change Month Prior	% Change Month Prior
Family Health Network	89,964	107,840	151,195	207,969	22.4%	56,774	37.6%
Harmony Health Plan	111,073	111,300	123,966	138,336	14.9%	14,370	11.6%
CountyCare	**88,858**	**85,453**	**83,733**	**93,245**	**10.0%**	**9,512**	**11.4%**
Blue Cross Blue Shield	1,482	7,977	43,575	78,639	8.5%	35,064	80.5%
IlliniCare Health Plan	1,578	10,520	31,944	76,603	8.3%	44,659	139.8%
Advocate Accountable Care (ACE)	7,597	13,812	34,495	68,865	7.4%	34,370	99.6%
Meridian Health Plan	3,633	14,195	33,848	66,773	7.2%	32,925	97.3%
Aetna Better Health Inc.	523	9,875	22,848	52,375	5.6%	29,527	129.2%
SmartPlan Choice (ACE)	32	2,007	17,661	44,374	4.8%	26,713	151.3%
Community Care Partners (ACE)	22	302	9,700	33,805	3.6%	24,105	248.5%
HealthCura (ACE)	28	181	14,318	21,807	2.3%	7,489	52.3%
Loyola Family Care (ACE)	150	1,665	3,390	17,030	1.8%	13,640	402.4%
Better Health Network (ACE)	11	155	976	9,451	1.0%	8,475	868.3%
MyCare Chicago (ACE)	478	1,598	1,937	9,066	1.0%	7,129	368.0%
Illinois Partnership for Health (ACE)	298	2,160	3,731	3,564	0.4%	(167)	-4.5%
UI Health Plus (ACE)	4	39	609	2,691	0.3%	2,082	341.9%
Next Level (CCE serving ACA only)	41	263	434	1,590	0.2%	1,156	266.4%
Lurie Children's Health Partners (CSN CCE)	92	414	801	1,485	0.2%	684	85.4%
LaRabida Coordinated Care Network (CSN CCE)	4	34	92	583	0.1%	491	533.7%
Total	**305,868**	**369,790**	**579,253**	**928,251**		**209,463**	**60.2%**

1) Health Plan Comparison

Source: IL HFS, Chicago Region (includes suburban Cook & Collar Counties)

ICP Greater Chicago Region (SPD population)

Health Plan	Oct'14 N	Nov'14 N	Dec'14 N	Jan'15 N	Jan'15 % Total	# Change Month Prior	% Change Month Prior
Aetna Better Health Inc.	28,547	29,377	29,180	29,276	3.2%	96	0.3%
IlliniCare Health Plan Inc.	28,018	28,422	28,067	28,058	3.0%	(9)	0.0%
Community Care Alliance of Illinois	6,954	7,726	7,766	7,804	0.8%	38	0.5%
Blue Cross/Blue Shield of Illinois	4,610	5,422	5,597	5,803	0.6%	206	3.7%
Humana Health Plan	3,679	4,162	4,603	4,602	0.5%	(1)	0.0%
Cigna HealthSpring of Illinois	3,193	4,143	4,142	4,337	0.5%	195	4.7%
Meridian Health Plan	4,164	4,059	4,188	4,332	0.5%	144	3.4%
Next Level (CCE)	3,987	4,616	3,826	3,666	0.4%	(160)	-4.2%
EntireCare (CCE)	2,169	2,211	2,179	2,588	0.3%	409	18.8%
Together4Health (CCE)	1,521	1,530	1,582	2,236	0.2%	654	41.3%
CountyCare	**352**	**1,169**	**1,535**	**1,764**	**0.2%**	**229**	**14.9%**
Be Well (CCE)	1,450	1,396	1,374	1,387	0.1%	13	0.9%
Total	**88,644**	**94,233**	**94,039**	**95,853**	**10.3%**	**1,814**	**1.9%**

2) Risk Management

Key Measures	Dec'14	Jan'15	Feb'15	% Change From Prior Month	Trend	FYTD'15 Budget/Goal	FYTD'15 Budget/ Goal
Risk Management							
ACA Adult Membership						Mar'14 to Dec'14 Shift	
% 19-24 y/o	16.4%	16.2%	16.3%	0.7%	↑	17.0%	-0.7%
% 25-34 y/o	15.2%	15.5%	16.0%	3.1%	↑	14.8%	1.2%
% 35-44 y/o	13.2%	13.3%	13.4%	1.0%	↑	13.5%	-0.1%
% 45-54 y/o	26.2%	26.2%	26.0%	-0.9%	↑	27.6%	-1.6%
% 55+ y/o	29.1%	28.9%	29.0%	0.3%	↓	27.0%	2.0%
Pharmacy							
# Scripts filled	131,086	134,787	136,708	1.4%			
% Utilizing Members	40%	37%	31%	-16.9%			
# Scripts/Utilizer	3.81	3.75	3.44	-8.3%			
% Generic dispensing	83%	84%	83%	-0.8%	↓		
% Brand Single Source	16%	16%	16%	0.0%	--		
% Formulary	98%	98%	98%	0.0%	--	98%	0.0%
% CCHHS HIV pt meds @ CCHHS pharmacy	18.5%	25.1%	29.8%	18.7%	↑	80%	-50.2%
% Extended Rx Supply (>84 days) ***NEW***	10.1%	8.6%	8.6%	0.0%	--	20%	-11.4%
Reinsurance							
# Claims filed	0	0	0	0.0%	--		

3) Care Management

Key Measures	Dec'14	Jan'15	Feb'15	% Change From Prior Month	Trend	FYTD'15 Budget/Goal	FYTD'15 Budget/ Goal
Care Management							
PCMH Assignment							
% Members Assigned to PCMH ***NEW***	99.2%	99.1%	99.9%	0.8%	↑	124,318	0.0%
% Members Unassigned	0.8%	0.9%	0.1%	-89.8%	↑		
# Assigned CCHHS/ACHN	26,276	27,902	29,810	6.8%	↑		
% Total Members @ CCHHS/ACHN	30.4%	28.9%	23.3%	-19.2%	↓		
# Assigned MHN ACO	24,340	29,570	48,145	62.8%	↑		
% Total Members @ MHN ACO	28.1%	30.6%	37.7%	23.1%	↑		
Member Risk Stratification							
Cum # Outreached Members	25,606	30,776	54,894	78.4%	↑		
Cum # Risk Assessments/Screenings	12,411	18,312	19,242	5.1%	↑		
YTD % High Risk Members	3.1%	4.6%	3.1%	-34.1%	↑	2.0%	1.1%
Referral Management							
# Authorizations: Inpatient	1,041	1,557	1,355	-13.0%	↓		
# Authorizations: Outpatient	1,472	2,405	2,092	-13.0%	↓		
Utilization Management (7/1/2014-1/31/2015)							
Admits/1,000 mbr mos	167	169		1.2%	↓		
Days/1,000 mbr mos	735	756	Data not yet	2.9%	↓		
ED Visits/1,000 mbr mos	984	1,001	available	1.7%	↓		
% 30-day Readmissions	21%	21%		0.0%	--	14.7%	6.300%
CCHHS Utilization (7/1/2014-2/28/2015)							
Emergency Room	17.2%	17.1%	16.5%	-3.6%			
Hospital Inpatient	15.1%	15.2%	14.4%	-5.3%	↓		
Hospital Outpatient	25.7%	25.3%	26.0%	2.8%	↑		
Other Medical	0.61%	0.58%	0.6%	0.7%	--		
Primary Care	40.1%	38.7%	37.9%	-2.0%	↓		
Specialist	7.9%	7.6%	9.5%	24.3%	↑		

4) Operations

Key Measures	Dec'14	Jan'15	Feb'15	% Change From Prior Month	Trend	FYTD'15 Budget/Goal	FYTD'15 Budget/ Goal
Operations							
Call Center						Goal	Goal Met
Call Volume	22,247	23,240	25,825	11.1%	↑		
Abandonment rate	1.6%	5.4%	2.6%	-50.9%	↑	< 4%	Y
Hold time	0:01:04	0:01:07	0:00:38		↑	< :01:00	Y
Average speed to answer	0:00:14	0:00:34	0:00:23		↑	< :00:4	Y
Claims Processing						# Days	Goal Met
# Claims Paid	119,036	54,019	64,463	19.3%	↑		
# Claims Recv'd for Month's DOS	87,174	77,106	77,544	0.6%	↑		
	FY'14 Q3	FY'14 Q4	FY'15 Q1				
Avg # Days Received-to-Processed	6	5	3	-40.0%	↑	< 8	Y
Avg # Days Received-to-Paid	43	29	23	-20.7%	↑	< 35	Y

Med management hold time = 0:01:47

Quarterly Deep Dive

Discuss key metrics that we have ability to influence

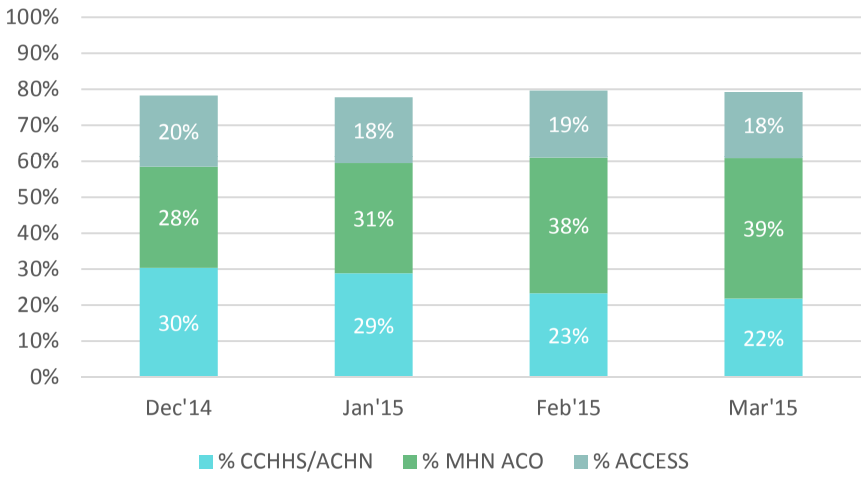
1. Membership
2. Pharmacy Cost Savings
3. Member Risk Assessment
4. Health Plan Utilization of CCHHS Services
5. Claims Payment Turnaround

Stratify by populations served (ACA, FHP, SPD) when feasible

Group by key contracted providers/groups when appropriate

Membership

MEMBERSHIP BY KEY PROVIDER GROUP



WHY IMPORTANT

Sole driver of health plan revenue

Three PCMH groups = approximately 80% of membership

STRATEGIC APPROACH

Current

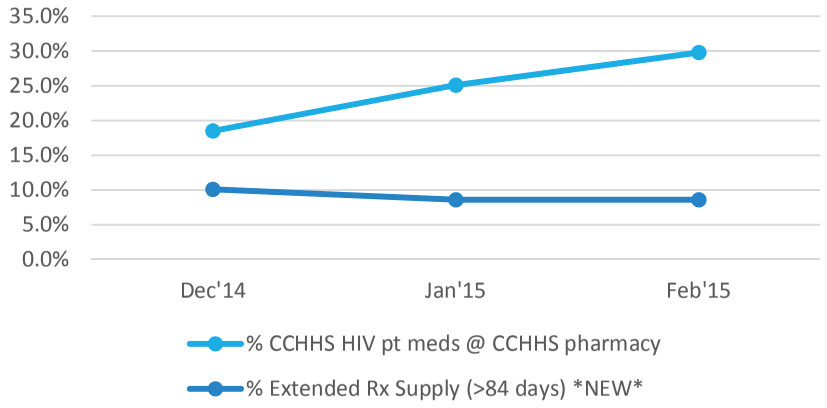
- ACO partnership
- Adding FHP & SPD populations
- Increased emphasis on retention (Rede process)

Future

- At-risk contracting
- New populations/products

Pharmacy Cost Savings

CCHHS HIV PT MEDS @ CCHHS & EXTENDED SUPPLY MAINTENANCE MEDS



WHY IMPORTANT

Potential $7 million annual savings ($5M HIV, $2M extended supply)

STRATEGIC APPROACH

HIV

Provider education and feedback
- @ 30% (Feb'15), up from 13% (Oct'14)
- Discussing mandatory implementation

Patient education materials

Extended Supply

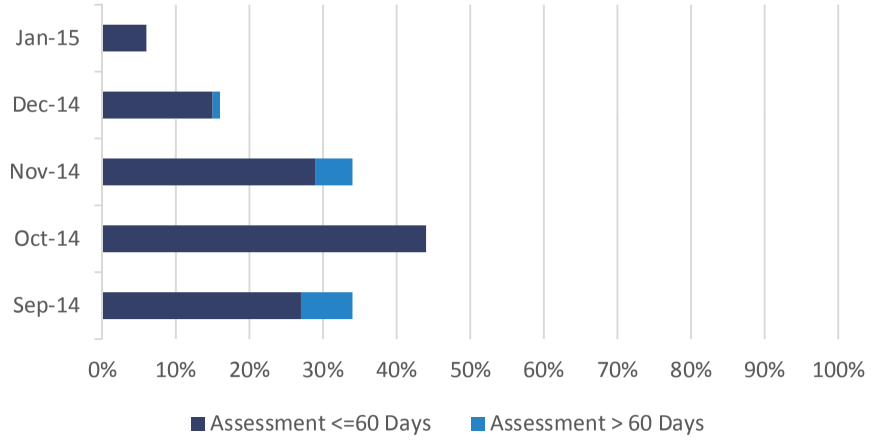
> 80% of scripts filled are maintenance meds; Majority written by specialists

Implementing requirement for maintenance meds June 1; Notice to members filling scripts in April & May

Will allow first fill at 30 days; All subsequent @ 90 days

Risk Assessments

RISK ASSESSMENT COMPLETED WITHIN FIRST 60 DAYS



WHY IMPORTANT

Risk assessments are basis for care plans.

Identifies resource needs.

STRATEGIC APPROACH

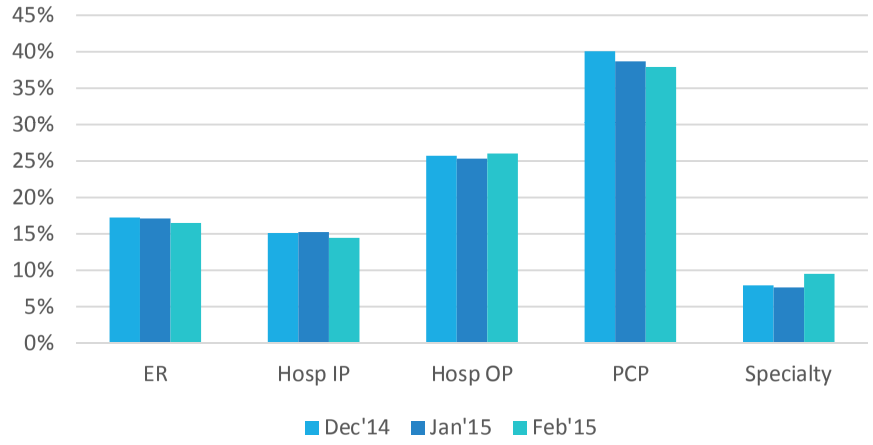
Priority populations established:

- New members
- Top 1% utilizers
- Post hospitalizations
- Transplant members

Performance metrics established; Reviewed monthly

Health Plan Utilization of CCHHS Services

% OF MEDICAL CLAIMS FOR SERVICES @ CCHHS



WHY IMPORTANT

Desire to spread fixed CCHHS costs across as many services as possible.

STRATEGIC APPROACH

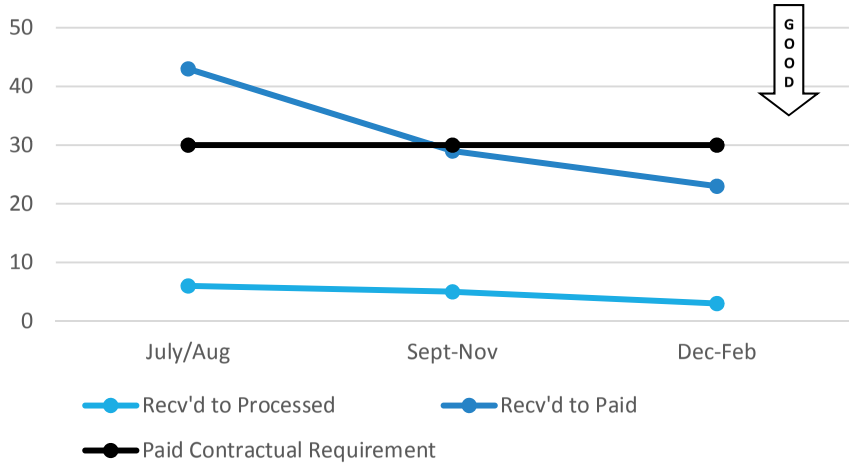
Health Plan Executive Committee governance shared by plan and system leadership.

Increased referrals to certain CCHHS specialties.

Reviewing network configuration.

Claims Payment

AVG # DAYS RECV'D TO PROCESSED & RECV'D TO PAID



WHY IMPORTANT

Leading indicator of other system configuration problems.

Top dis-satisfier for providers.

STRATEGIC APPROACH

Routine monitoring of turn around time (TAT) metrics

Focus on contract build within claims system

- Accuracy of contract terms
- Accuracy of providers

Future Deep Dives

June

- FY'16 Planning

September

- Innovation

December

- Hard-to-reach Populations